EXEMPTION REQUEST [§11000.1(b)(2)]

RE 680 (Rev. 6/89)

Information

- Use this form for Notice of Intention and Request for Exemption for sale or lease of undivided interests.
- Mail or deliver to: Department of Real Estate

Department of Real Estate 2201 Broadway P. O. Box 187005 Sacramento, CA 95818-7005

| | | | 56 | iciamento, CA 75010-7005 |
|----|---|----|------------------------------|--|
| 1. | NAME OF APPLICANT | | ATTACH AS AN EXHIBIT TO THIS | IN THE PROPERTY IDENTIFIED IN ITEM #2 S FORM, A TRUE COPY OF EVIDENCE OF THIS NSURANCE POLICY OR TITLE REPORT, PURCHASI T, ETC. |
| | BUSINESS ADDRESS | | | |
| | TELEPHONE NUMBER | | | |
| 2. | LEGAL DESCRIPTION OF PROPERTY TO BE ACQUIRED IN UNDIVIDED INTERESTS BY PERSONS IDENTIFIED IN ITEM #6. | _ | | |
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| | | 5. | NAME OF ESCROW COMPANY (FO | OR THIS TRANSACTION) |
| | | | BUSINESS ADDRESS | |
| | | | CITY | |
| | | | STATE | ZIP CODE |
| 3. | NUMBER OF ACRES TO BE ACQUIRED | | TELEPHONE NUMBER | |
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| NAME | | | UNDIVIDED INTEREST ** | | | |
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| * APPEND A COMPLETED AND SIGNED DECLARATION OF PROSPECTIVE UND | IVIDED INTEREST OWNER FOR | EACH OF THE | PROSPECTIVE OWNERS NAMED. | | | |
| ** TO QUALIFY FOR EXEMPTION PURSUANT TO §11000.1(B)(2) OF THE BUSINESS AND PROFESSIONS CODE, THE TOTAL OF THE FIGURES IN THE "UNDIVIDED INTEREST" COLUMN MUST EQUAL 1 (IF INTERESTS ARE EXPRESSED IN FRACTIONS) OR 100 (IF EXPRESSED AS PERCENTAGES). | | | | | | |
| 7. TITLE TO THE PROPERTY WILL BE HELD BY THE AFORESAID OWNERS AS TENANTS IN COMMON. NO ORGANIZATION | | | | | | |
| OF OWNERS HAS BEEN FORMED NOR IS ONE CONTEMPLATED AS A PART OF THIS OFFERING | | | | | | |
| I HAVE NOT BEEN, AND HAVE NO PRESENT INTENTION OF BECOMING, A PARTY TO AN OFFERING OF UNDIVIDED INTERESTS IN REAL PROPERTY CONTIGUOUS TO THE PROPERTY THAT IS THE SUBJECT OF THIS REQUEST FOR | | | | | | |
| EXEMPTION | | | Applicant's Initials | | | |
| CERT | TIFICATION | | | | | |
| I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS CONTA CORRECT AND COMPLETE ANSWERS OR REPRESENTATIONS TO THE BEST OF M | | WITH DOCUM | MENTS SUBMITTED HEREWITH, ARE TRUE, | | | |
| OTE: VERIFICATION MADE OUTSIDE OF THE STATE OF CALIFORNIA MUST BE CERT | TIFIED BY A NOTARY PUBLIC. | | | | | |
| GNATURE | | | DATE | | | |
| • | | | | | | |
| RINTED NAME OF SIGNER | TITLE | | | | | |
| | | | | | | |

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